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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/439,311	11/12/1999	IANFONG H. LEE	78.560	t 1500
22245	7590 01/07/2003			
NAVAL MEDICAL RESEARCH CENTER ATTN: (CODE 00L) 503 ROBERT GRANT AVENUE			EXAMINER	
			PORTNER, VIR	GINIA ALLEN
SILVER SPR	ING, MD 20910-7500		ART UNIT	PAPER NUMBER
			1645	
			DATE MAILED: 01/07/2003	· 2

Please find below and/or attached an Office communication concerning this application or proceeding.

## Interview Summary

Application No. 09/439,311

Applicant(s)

Examiner

Art Unit

Lee et al

Portner

1645



All participants (applicant, applicant's representative, PTO p	personnel):
(1) Portner	(3)
(2) Mr. Kenneth Henby (Applicant's Representative)	(4)
Date of Interview Jan 6, 2003	
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d)  Yes	e) 🔀 No. If yes, brief description:
Claim(s) discussed: all of record and proposed changes	
Identification of prior art discussed:  all of record	
any other comments: <u>Discussed possible claim amendments to address rejections</u>	nature of what was agreed to if an agreement was reached, or made under 35 USC 112, second paragraph. Various the amended claims would be clear and distinctly claim
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no cavailable, a summary thereof must be attached.)	ments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is
i) 🛛 It is not necessary for applicant to provide a separ	ate record of the substance of the interview (if box is checked).
Unless the paragraph above has been checked, THE FORMAINCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPE already been filed, APPLICANT IS GIVEN ONE MONTH FROSUBSTANCE OF THE INTERVIEW. See Summary of Record	EP section 713.04). If a reply to the last Office action has IM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE

Examiner's signature, if required